MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

66779 Reg. Dist. No. 131

1. PLACE OF DEATH:
~~County~~ Emergency Hospital
~~City or town~~ Rural Frederick Co
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 mo
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 2 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME Lewis N. Baker

3. (b) Social Security Number no

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: X
6.(b) Name of husband or wife: Sarah Baker
6.(c) If alive, give age 80 years
7. Birth date of deceased (mo., day, yr.): Sept 21 1861

8. AGE: Years 87 Months 10 Days 9 If less than one day ..... hrs. ..... min.

9. Birthplace: Harmony (Town, county, and state)
10. Usual occupation: Mason
11. Industry or business
FATHER
12. Name: Ezra Baker
13. Birthplace: Harmony
MOTHER
14. Maiden name: Amanda Delauter
15. Birthplace: Ellerton Md
16. Informant: James Baker
Address: Harmony Md
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Aug 1, 1949 (month) (day) (year)
Cemetery or ~~crematory~~ Church of Brethren
Location: Harmony Cemetery
18. Funeral director: Gladhill Co
Address: Middletown Md
19. Aug 1, 1949 (Date rec'd by registrar) Elizabeth G. Heck Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1949, at 6:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1949, to July 29 1949 and that I last saw h... in alive on July 29 1949

Immediate cause of death	DURATION
Arterio-sclerosis	15 years
Broncho-pneumonia	5 days
Due to	
Due to	
Other conditions	

450.0
(Include pregnancy within 3 months of death)
107
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Bernard Thomas J. MD M. D. or other
Address Frederick, Md Date signed 7/30/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

MARGIN RESERVED FOR BINDING

M

RECEIVED
AUG 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06780

Reg. Dist. No. 145

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Katurah (Last) Bittle
4. DATE OF DEATH (Month) 7 (Day) 20 (Year) 1949
5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH 2-28-1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Myersville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Daniel Grossnickle
14. MOTHER'S MAIDEN NAME Susan Lapole
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY No. no
17. INFORMANT Clay Bittle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153 Immediate cause (a) (Probable) Carcinoma Colon

46 e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Massive Hemorrhage per rectum (July 20)

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1949, to July 20, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 8:15 A.m., from the causes and on the date stated above.

SIGNATURE J. Elmer Harp (Degree or title) ADDRESS Middletown DATE SIGNED 7-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-22-49
NAME OF CEMETERY OR CREMATORY Grossnickle Cemetery
LOCATION (City, town, or county) Myersville (State) Md.
DATE REC'D BY LOCAL REG. July 20-49
REGISTRAR'S SIGNATURE D. Edgar Bittle
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

016781

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural -- Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H. (Last) BOHN

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-8-1865

9. AGE last birthday: 84 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Bohn

14. MOTHER'S MAIDEN NAME: ? Ecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Shirley W. Bohn, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to July 21, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 4:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C M Waltz ADDRESS Mt Airy Md DATE SIGNED 7-21-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 7-23-1949 | NAME OF CEMETERY OR CREMATORY: Linganore | LOCATION (City, town, or county) (State): Unionville, Fred. Co., Md.

DATE REC'D BY LOCAL REG.: July 22 49 | REGISTRAR'S SIGNATURE: Blanche A. Rinkle

24. FUNERAL DIRECTOR: C. M. Waltz ADDRESS: Winfield, Md.

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JUL 25 1949
BUREAU T. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06782

Reg. Dist. No. 131

1. PLACE OF DEATH· COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 West All Saint Street	STREET ADDRESS (If rural give location) 122 West All Saint Street

3. NAME OF DECEASED (Type or Print)	(First) SUSIE	(Middle) S.	(Last) BOWIE	4. DATE OF DEATH	(Month) 7 (Day) 27 (Year) 1949
5. SEX F	6. COLOR OR RACE C	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) W	8. DATE OF BIRTH ~~Unknown~~ about 1894	9. AGE last birthday 55 ? yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frederick County Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry McGruder		14. MOTHER'S MAIDEN NAME Eliza Mills			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Gertrude Johnson (sister)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac disease

416 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic ~~[illegible]~~

95b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1945, to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
U. G. Bowne Son	M. D.	Frederick, Maryland	7-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7-30-49	NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	LOCATION (City, town, or county) (State) Centerville, Maryland
DATE REC'D BY LOCAL REG. 28 July 1949	REGISTRAR'S SIGNATURE Elizabeth G. Heck.	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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[illegible] 1949
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66783

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 133 South Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 133 South Market Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wachter (Last) Brish
4. DATE OF DEATH: (Month) July (Day) 3 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 6-21-1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Tannery
11. BIRTHPLACE (State or foreign country): Frederick- Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William H. Brish
14. MOTHER'S MAIDEN NAME: Margaret Wachter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY No.: 214-16-1514
17. INFORMANT: Mrs. Wm. W. Brish

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Decompensation c Pulmonary edema. — 1-2 yr.

420.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93 (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry V. Chase M.D — ADDRESS — DATE SIGNED July 5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7/6/49 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) Frederick, Md. (State)

DATE REC'D BY LOCAL REG. 5 July 1949 — REGISTRAR'S SIGNATURE Elizabeth S. Hack

24. FUNERAL DIRECTOR: C.E.Cline and Son- Frederick, Md. — ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06784

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights
LENGTH OF STAY (in this place) Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Braddock Heights
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	L.	CHATMAN	7	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	W	11-12-68	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salem, Mass.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Chatman
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lillian A. Drake (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary hemorrhage	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of lung	1 yr.
	(c)	

163
47d

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 1, 1948, to July 24, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 9:05A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. W Barr	M. D.	Frederick, Maryland	7-27-49

23. ~~BURIAL~~, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	7-29-49	Fort Lincoln Crematory	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
27 July 1949	Elizabeth G. Heck	M. R. Etchison & Son,	Frederick, Maryland

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JUL 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06785

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 4 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural give location) 27 West I St

3. NAME OF DECEASED (Type or Print) (First) William (Middle) J. (Last) Cooper

4. DATE OF DEATH (Month) 7 (Day) 28 (Year) 49

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 2-13-1904
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern
10b. KIND OF BUSINESS OR INDUSTRY Tavern
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Coleman Cooper
14. MOTHER'S MAIDEN NAME Venie Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Venie Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
513	Immediate cause	(a) Meningitis	2 days
1048	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Brain abscess	?
		(c) Rectus left frontal sinusitis	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28-, 1949, to ....., 19....., that I last saw the deceased alive on 7-28-, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Brunswick, Md. DATE SIGNED 7-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-31-49
NAME OF CEMETERY OR CREMATORY Mountain
LOCATION (City, town, or county) Knoxville (State) Md.

DATE REC'D BY LOCAL REG. 30 July 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR C. H. Fiete & Bro Brunswick Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

Evidence for change in query 2 & 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06786

FILM No. G 12 1 SEP 19 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frederick, MD. | LENGTH OF STAY (in this place) Suddenly
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Lime Kilm MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Montgomery~~ Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Clarksburg, MD~~ Point of Rocks,
STREET ADDRESS (If rural give location) ~~Clarksburg, MD~~

3. NAME OF DECEASED (Type or Print): (First) Kenneth (Middle) Edward (Last) Cordell
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: 1947 July, 11
9. AGE last birthday: 2 yrs. — If under 1 year: Months 9 Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Frederick MD.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edward E. Cordell
14. MOTHER'S MAIDEN NAME: Ruth Ann. Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Ruth Ann Cordell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

0584
35

Immediate cause (a) Septicemia - overwhelming (Cause unknown) — 3 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) measles — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. measles (9/16/49 - a.m.s.) — 6 days

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949 to July 14, 1949, that I last saw the deceased alive on July 14, 1949, and that death occurred at 10:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Brunswick, Md. 7-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July, 17. 1949 | NAME OF CEMETERY OR CREMATORY: Clarksburg, MD | LOCATION (City, town, or county) (State): Montgomery, MD.

DATE REC'D BY LOCAL REG.: 16 July 1949 | REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR: Roy W. Barber Laytonsville, MD. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 20 19
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06787

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Thurmont-Rural RFD#1
LENGTH OF STAY (in this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountaindale

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Thurmont-Rural RFD#1
STREET ADDRESS (If rural give location) Mountaindale

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Mouth)	(Day)	(Year)
WALTER	SAMUEL	CRAMBLITT	7	16	1949

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	3-13-76	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Cramblitt	Rosena Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	?	Mrs. Florence Cramblitt (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 2 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocarditis
(c) Arteriosclerosis

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 1949, to July 16, 1949, that I last saw the deceased alive on July 16, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Franklin Quick	M. D.	Thurmont, Maryland	7-18-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-19-49	Zion Cemetery	Charlesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
19 July 1949	Elizabeth G. Heck.	M. R. Etchison & Son, Frederick,	Maryland

RECEIVED
JUN 20
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16788

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 245 West Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 245 West Patrick Street

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) CLARK (Last) CROMWELL
4. DATE OF DEATH: (Month) July (Day) 8th (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: June 9, 1874
9. AGE last birthday: 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry Worker - Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William H. Cromwell
14. MOTHER'S MAIDEN NAME: Ann Elizabeth Frazier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Marion C. Talley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — 1 Hour

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Cardio Renal Vascular disease — 5 Yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1-45, 19..., to 7-7, 1949, that I last saw the deceased alive on 7-7, 1949, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm. U. G. Bourne Jr. | Frederick Md | 7-9-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: July 11, 1949 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 9 July 1949 | REGISTRAR'S SIGNATURE: Elizabeth S. Keck.

24. FUNERAL DIRECTOR | ADDRESS: C. E. Cline & Son, Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

06789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH · COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY ~~Frederick~~ Montgomery
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) A (Last) Darby
4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 1876 S.
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lawrence A Darby
14. MOTHER'S MAIDEN NAME Sally Ann Chiswell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Roger Darby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: July 25, 1949

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — to July 26, 1949

(c) — 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. A. Pearre, M.D.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE 7/28/49
NAME OF CEMETERY OR CREMATORY Monocacy
LOCATION (City, town, or county) (State) Beallsville Md

DATE REC'D BY LOCAL REG. 26 July 1949
REGISTRAR'S SIGNATURE Elizabeth G. Hecke
24. FUNERAL DIRECTOR William B Hilton ADDRESS BARNESVILLE, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06790

Reg. Dist. No. 131

1. PLACE OF DEATH · COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural — LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 301 Walnut Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	Joseph	Donovan	July	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 21 1878	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
B&O RR Hostler	Transportation	Maryland	U.S.A

13. FATHER'S NAME William Donovan

14. MOTHER'S MAIDEN NAME Catherine Steel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Grace Donovan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — Hours

450.0 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis & senility — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 18 July, 1949, to 20 July, 1949, that I last saw the deceased alive on 19 July, 1949, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James B. Thomas	M.D.	Frederick, Md.	7/20/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 22-1949	St Mary's Cem.	Petersville	Md.

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 July 1949	Elizabeth G. Hecht	C. H. Feete & Bro.	Brunswick Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06791

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (In this place) 15 Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 East Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mount Airy-Rural RFD#1
STREET ADDRESS (If rural give location) Near New Market

3. NAME OF DECEASED (Type or Print): (First) STALEY (Middle) MARSHALL (Last) FLOOK

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 2-1-90

9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Middletown, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Millard F. Flook

14. MOTHER'S MAIDEN NAME: Melissa Bowlus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: M. Benton Flook (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒ XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22, 1949, to 7-22, 1949, that I last saw the deceased alive on 7-22, 1949, and that death occurred at 10:40 A' m., from the causes and on the date stated above.

SIGNATURE H. Flinchbaugh (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 7-23-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-25-49 | NAME OF CEMETERY OR CREMATORY Union Cemetery | LOCATION (City, town, or county) (State) Burkittsville, Maryland

DATE REC'D BY LOCAL REG. 23 July 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Hicks

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland | ADDRESS

RECEIVED
JUL 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06792

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place) 2 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 North Market Street	STREET ADDRESS (If rural give location) 708 North Market Street

3. NAME OF DECEASED (Type or Print)	(First) LAURA	(Middle) VIRGINIA	(Last) FOX	4. DATE OF DEATH	(Month) 7 (Day) 28 (Year) 1949
5. SEX F	6. COLOR OR RACE W	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) M	8. DATE OF BIRTH 10-23-57	9. AGE last birthday 91 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Rocky Ridge, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Routzhan	14. MOTHER'S MAIDEN NAME Mary Sheffer				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Robert E. Fox (son)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic myocarditis	5 yrs.
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 11:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M. D.	Frederick, Maryland	7-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8-1-49	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 30 July 1949	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06793

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Frederick; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg; LENGTH OF STAY (in this place): 42 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 211 E. Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg; STREET ADDRESS (If rural give location): 211 E. Main Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Virginia (Last) Gerken

4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-13-1869

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Adams County, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John A. Jackson

14. MOTHER'S MAIDEN NAME: Adeline McGlaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles H. Gerken

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 5 min.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Hypertensive Cardio Vascular — 10 YEARS

(c) Disease;

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EDEMA; CHRONIC MYOCARDITIS — 1 YEAR

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to July 1949, that I last saw the deceased alive on 29 July 1949, and that death occurred at 1.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Allison M.D. Est. Emmitsburg Md 30 July 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 8-1-49; NAME OF CEMETERY OR CREMATORY: St. Anthony's Shrine; LOCATION (City, town, or county) (State): Emmitsburg, Md.

DATE REC'D BY LOCAL REG.: July 31-1949; REGISTRAR'S SIGNATURE: M.F. Shuff

24. FUNERAL DIRECTOR: L.L. Allison; ADDRESS: Emmitsburg, Md.

RECEIVED
AUG 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH TF 06794

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick — LENGTH OF STAY (in this place): 7-29-49-7-30-49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Carroll
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Ronald (Middle) [illegible] (Last) Gillis

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 25-1945

9. AGE last birthday: 4 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Gillis

14. MOTHER'S MAIDEN NAME: Margaret Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Margaret Gillis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Influenza

571.1 Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gast Enter-enteritis — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hydrocephalus with Underdevelopment — 4 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1949, to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 5:05 A m, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. A. Pearre M.D. — Frederick Md. — 7/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug 1 - 1949 — NAME OF CEMETERY OR CREMATORY: Serra Alta — LOCATION (City, town, or county) (State): West Virginia

DATE REC'D BY LOCAL REG. 30 July 1949 — REGISTRAR'S SIGNATURE: Elizabeth G. Hach

24. FUNERAL DIRECTOR — ADDRESS: C. M. Watty - Winfield, Md.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

06795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 18 hrs. 22 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Westminster (mother's home)
STREET ADDRESS (If rural give location) 106 Sullivan Ave.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) (Last) GILMARTIN

4. DATE OF DEATH (Month) July (Day) 9 (Year) 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH July 9, 1949
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 18 Min. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William James Gilmartin
14. MOTHER'S MAIDEN NAME Alice R. Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT William J. Gilmartin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.0 Immediate cause (a) Atelectasis

161a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1949 to July 9, 1949 that I last saw the deceased alive on July 9, 1949, and that death occurred at 9 45 p.m., from the causes and on the date stated above.

SIGNATURE James T. Marsh (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED July 9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 11/49
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REG. 11 July 1949
REGISTRAR'S SIGNATURE Elizabeth G. Hack
24. FUNERAL DIRECTOR J. E. Myers. Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 14 1949
BUREAU V. S.

06796

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 240 West South Street	STREET ADDRESS (If rural give location) 240 West South Street

3. NAME OF DECEASED (Type or Print)	(First) MABEL	(Middle) ERNESTINE	(Last) GROVE	4. DATE OF DEATH	(Month) 7	(Day) 13	(Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 1-16-08	9. AGE last birthday 41 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buckeystown, Maryland				12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel R. Morningstar			14. MOTHER'S MAIDEN NAME Olive L. Hawes				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT William M. Grove (husband)				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Left Ventricular Dilatation	30 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertention	1 yr.
	(c) Renal Lithiasis	8 yrs.

602

134a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept., 1948 to July, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Woodward	M. D.	Frederick, Maryland	7-13-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial	DATE THEREOF 7-16-49	NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery	LOCATION (City, town, or county) (State) Frederick, Maryland
DATE REC'D BY LOCAL REG. 14 July 1949	REGISTRAR'S SIGNATURE Elizabeth G. Heck	24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06797

CERTIFICATE OF DEATH

Reg. Dist. No. 147

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY FREDRICK - MT. AIRY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - MT. AIRY; HOSPITAL OR INSTITUTION OR STREET ADDRESS HOME; MARYLAND; LENGTH OF STAY (in this place) 31 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDRICK; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - MT. AIRY; STREET ADDRESS (If rural, give location) 5 MILES N.W. OF MT. AIRY MARYLAND

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) WILLIAM (Last) HOFFMAN

4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 9, 1890

9. AGE last birthday: 59 yrs. If under 1 year: Months. 5 Days 11 Hours Min. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): FREDRICK COUNTY MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: WILLIAM FRANCIS HOFFMAN

14. MOTHER'S MAIDEN NAME: MINERVA CATHERINE GARBER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. JESSIE HOFFMAN - WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY EMBOLISM & INFARCTION PNEUMONIA - following EMBOLISM — Interval Between Onset and Death: 16 days

463 Antecedent cause(s)

109 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) THROMBO-PHLEBITIS OF BOTH LEGS — 2½ YRS.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) N/O

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 4, 1949, to JULY 20, 1949, that I last saw the deceased alive on JULY 15, 1949, and that death occurred at 10 00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph L. Nicholson, M.D. Damascus, Maryland July 20, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE 7/22/49 — NAME OF CEMETERY OR CREMATORY PROSPECT CEM — LOCATION (City, town, or county) (State) MT. AIRY, MD. R.D.

DATE REC'D BY LOCAL REG. 7-21-'49 — REGISTRAR'S SIGNATURE Clarice A. Rumbles — 24. FUNERAL DIRECTOR D.D. HARTZLER & SONS — ADDRESS UNION BRIDGE & NEW WINDSOR, MD.

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06798

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge | LENGTH OF STAY (in this place) 3yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocky Ridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Virginia (Last) Hood
4. DATE OF DEATH: (Month) July (Day) 18 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)
8. DATE OF BIRTH: Mar. 3, 1875
9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Ned E. Fogle
14. MOTHER'S MAIDEN NAME: Clayanna E. Eyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.
17. INFORMANT: John L. Stahn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	2 Wks.
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	
93d	(c) Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949, to July 18, 1949, that I last saw the deceased alive on July 17, 1949, and that death occurred at 12:15 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
M. Franklin Buck MD | Thurmont Md. | 7/18/49

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE THEREOF July 20. 1949 | NAME OF CEMETERY OR CREMATORY Naughts | LOCATION (City, town, or county) (State) Ladiesburg, Md.

DATE REC'D BY LOCAL REG. July 18, 1949 | REGISTRAR'S SIGNATURE Blanche S. Eyler | 24. FUNERAL DIRECTOR | ADDRESS M. L. Creager & Son. Thurmont, Md.

RECEIVED
JUL 20 1949
BUREAU T. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06799

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH
COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 514 Brunswick St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural give location) 514 Brunswick St.

3. NAME OF DECEASED (Type or Print) (First) Ivor (Middle) — (Last) Jones

4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 1-3-1900

9. AGE last birthday 49 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) South Wales

12. CITIZEN OF WHAT COUNTRY? England.

13. FATHER'S NAME David Jones

14. MOTHER'S MAIDEN NAME Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT Elizabeth Carter Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181 **Immediate cause** (a) Carcinoma — Median — INTERVAL BETWEEN ONSET AND DEATH 1 yr.

528 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS Brunswick, Md — DATE SIGNED 7-2-49

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7-4-49 — NAME OF CEMETERY OR CREMATORY Bretheren — LOCATION (City, town, or county) Brownsville (State) Md.

DATE REC'D BY LOCAL REG. July 2-49 — REGISTRAR'S SIGNATURE Kathryn N. Brown

24. FUNERAL DIRECTOR — ADDRESS E. N. Feete & Bro Brunswick Md.

Def

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06840

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 823 North Market Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 823 North Market Street

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) WORTHINGTON (Last) JONES

4. DATE OF DEATH: (Month) 7 (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W

8. DATE OF BIRTH: 2-26-60

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New London, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Basil Simpson

14. MOTHER'S MAIDEN NAME: Laura Nusbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. T. M. Felton (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia	5 dys
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 yrs
	(c)	

450.0
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to July 19th, 19..., that I last saw the deceased alive on July 19th 49, and that death occurred at 11:45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert L. Lyssen M. D. Frederick, Maryland 7-20-49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial
DATE THEREOF: 7-22-49
NAME OF CEMETERY OR CREMATORY: Central Cemetery
LOCATION (City, town, or county) (State): Near New Market, Maryland

DATE REC'D BY LOCAL REG. 21 July 1949
REGISTRAR'S SIGNATURE: Elizabeth Steele

24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Maryland

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06891

CERTIFICATE OF DEATH

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown; LENGTH OF STAY (In this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Noah (Middle) Albert (Last) Korrell

4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: 10-4-1886

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): day laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Middletown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Korrell

14. MOTHER'S MAIDEN NAME: Cornelia Catherine Burrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Laura Korrell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5½ hrs

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

830 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): —

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 42, to July 11, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE J. E. Harp (Degree or title) MD ADDRESS Middletown DATE SIGNED 7-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-12-49

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG. 7-12-49

REGISTRAR'S SIGNATURE: Marie Gladhill

24. FUNERAL DIRECTOR: Gladhill Co. ADDRESS: Middletown, Md.

RECEIVED
AUG 3 1949
BUREAU V. S.

not cb 06802

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Lived in Rochester previously for years COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg — LENGTH OF STAY (in this place) A few months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Joseph's Central House	STREET ADDRESS (If rural give location) St. Mary's Hospital, Genesee St

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Sister Mary Louis) (Last) Koyne			4. DATE OF DEATH (Month) July (Day) 11 (Year) 1949			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sister of	8. DATE OF BIRTH Charity 5/22/59	9. AGE last birthday 90 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Work in Infant Homes	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Anne Arundel Co., Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Michael Koyne			14. MOTHER'S MAIDEN NAME Catherine Feeney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Sr. Rosa, Assistant Emmitsburg Md			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 93d

Immediate cause (a) Arteriosclerotic cardio vascular disease, several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to July 11, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. K. Cadle	M D	Emmitsburg Md	7-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13, 1949	St. Joseph's (Private)	Emmitaburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/49	M. F. Shuff	S. L. Allison. Emmitsburg Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1949
BUREAU U. S.

Evidence for change of birth date is on:

FILM No. G 121 AUG 30 1949

06803

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural give location) Thurmont R.F.D. #1, Md.

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) MAY (Last) Lewis

4. DATE OF DEATH (Month) July (Day) 12 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 12/20/1882

9. AGE last birthday 66 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Roy Elmer Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 Immediate cause (a) Intestinal Obstruction

Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Sigmoid

(c) Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to July 12, 1949 that I last saw the deceased alive on July 12, 1949, and that death occurred at 9:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. A. Pearre, M.D. ADDRESS Frederick Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) | DATE July 15, 1949 | NAME OF CEMETERY OR CREMATORY Blue Ridge | LOCATION (City, town, or county) Thurmont, (State) Md

DATE REC'D BY LOCAL REG. 13 July 1949 | REGISTRAR'S SIGNATURE Elizabeth G. Heck | 24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont, Md

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06804

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Buckeystown
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Buckeystown
STREET ADDRESS (If rural, give location): Farm Mrs Buckeystown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Williams	Love	7	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		5-10-1905	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer-Retired	Transportation	Maryland	

13. FATHER'S NAME: Martin E. Love
14. MOTHER'S MAIDEN NAME: Lizzie Smallwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Annie Catherine Love

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

420.1
94a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 7 23 49 10 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

Death

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. W. Baer	Asst Med Ex	Frederick, Md.	7-23-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-26-1949	Locust Valley	Buckeystown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-26-49	Marie Gladhill	C. H. Pile & Bro	Brunswick Md.

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

T-N 016805

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick- | LENGTH OF STAY (In this place) 3 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS I. O. O. F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MARTHA (Last) MAXWELL
4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) W
8. DATE OF BIRTH: 3-1-67
9. AGE last birthday: 82 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Churchville, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William T. Kennedy
14. MOTHER'S MAIDEN NAME: Mary Gorrl
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: I. O. O. F. Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151 **Immediate cause** (a) Carcinoma of Stomach — 6 months

460 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to July 26 1949, that I last saw the deceased alive on July 25, 1949, and that death occurred at 2:45A m., from the causes and on the date stated above.

SIGNATURE Wm M. Smith (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 7-26-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 7-29-49 | NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 26 July 1949 | REGISTRAR'S SIGNATURE Elizabeth L. Heck. | 24. FUNERAL DIRECTOR M. R. Etchison & Son, ADDRESS Frederick, Maryland

RECEIVED
JUL 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

117285

Reg. Dist. No. 137

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Frederick
City or town Johnsville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Frederick
City or town Johnsville (If outside city or town limits, write RURAL and give nearest town)
Street No. Johnsville Bridge R.D.
(If rural, give LOCATION)
2.(a) If veteran, name war NW

3.(a) FULL NAME Daniel Oliver Metz

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widower

6.(b) Name of husband or wife Olivia E. Ewers 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 7. 1860

8. AGE:

Years	Months	Days	If less than one day
88	7	27	hrs. min.

9. Birthplace Johnsville, Fredk. Co. Md. (Town, county, and state)
10. Usual occupation School teacher
11. Industry or business retired
FATHER 12. Name Nicholas Metz
13. Birthplace Md.
MOTHER 14. Maiden name Mary E. Albaugh
15. Birthplace Md.
16. Informant Mrs. David P. Bohn
Address Johnsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7 1949 (month) (day) (year)
Cemetery or crematory Beaver Dam
Location Johnsville Md.
18. Funeral director Buell & Hartzler
Address Woodsboro Md.
19. July 5 1949 Ora D. Chapman
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1949 at 3 P. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 2 1949 to July 4 1949
and that I last saw him alive on June 30 1949.
Immediate cause of death Coronary Thrombosis

	DURATION
Due to	
Due to	
Other conditions	

151
46b
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. H. Mueller M.D.
M. D. or other
Address Johnsville Md. Date signed July 5

RECEIVED
SEP 20 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06806

CERTIFICATE OF DEATH

Reg. Dist. No. 138

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market; LENGTH OF STAY (in this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Market; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) HARRISON (Last) MILLER,

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-14-76

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rail Road Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Robert M. Miller

14. MOTHER'S MAIDEN NAME: Sidney E. Harrison.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Franklin M. Harrison Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

356.1 Immediate cause (a) Amyotrophic lateral sclerosis — Interval between onset and death: 8 years

Antecedent cause(s)

82 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1949, to July 22, 1949, that I last saw the deceased alive on July 20, 1949, and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry V. Chase M.D. ADDRESS 78 E. Church St Frederick Md. DATE SIGNED 7/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 25-49 | NAME OF CEMETERY OR CREMATORY Park Heights cemetary | LOCATION (City, town, or county) (State) Brunswick Md

DATE REC'D BY LOCAL REG. 7/24-49 | REGISTRAR'S SIGNATURE Lucian K. Falconer | 24. FUNERAL DIRECTOR W E Falconer New Market Md ADDRESS

VS. A15

T

RECEIVED
AUG 8 1949
BUREAU V. S.

06807

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH · COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brunswick
STREET ADDRESS (If rural give location) 11 Petersville Road

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Harry (Last) Minnick
4. DATE OF DEATH (Month) July (Day) 27 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widower
8. DATE OF BIRTH 2-13-1889
9. AGE last birthday 60 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dr. Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Transportation
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Minnick
14. MOTHER'S MAIDEN NAME Isabelle Travis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 705-05-7924
17. INFORMANT Virginia Minnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Myocarditis — 1 wk

Antecedent cause(s)

93e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 25, 1949, to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 3:25 a.m., from the causes and on the date stated above.

SIGNATURE E P Thomas (Degree or title) ADDRESS Frederick Md DATE SIGNED

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE July 27, 49
NAME OF CEMETERY OR CREMATORY Park Heights
LOCATION (City, town, or county) Brunswick (State) Md

DATE REC'D BY LOCAL REG. 28 July 1949
REGISTRAR'S SIGNATURE Elizabeth G. Hecks
24. FUNERAL DIRECTOR L. H. Fritz & Bro Brunswick ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1949
BUREAU V. S.

06808

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) About 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 304 North College Parkway

3. NAME OF DECEASED (Type or Print) (First) FREDERICK (Middle) A. (Last) OBERLANDER

4. DATE OF DEATH (Month) July (Day) 1st (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Married

8. DATE OF BIRTH Dec. 20, 1883

9. AGE last birthday 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William C. Oberlander

14. MOTHER'S MAIDEN NAME Emma C. Kogelschatz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 217-28-1023

17. INFORMANT Mrs. Frederick A. Oberlander

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
	Immediate cause	(a) Paralytic Ileus	4 days
157	Antecedent cause(s)	(b) Abdominal Carcinomatosis c̄ Exploratory Op.	6 days
46g	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of Pancreas ?	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 24

19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma of Abdomen

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949 to July 1, 1949 that I last saw the deceased alive on July 1, 1949, and that death occurred at 9:05 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank D. Boettington
ADDRESS Frederick - Md.
DATE SIGNED July 1 - 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE July 3, 1949
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 1st July 1949
REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

06809

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 400 Block East Patrick Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick-Rural RFD#1
STREET ADDRESS (If rural, give location): Near Pearl

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) JEROME (Last) PHELPS
4. DATE OF DEATH: (Month) 7 (Day) 10 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: 10-8-87
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brick Mason- J. Ruskin Loy Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pearl, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert W. Phelps
14. MOTHER'S MAIDEN NAME: Susanna Elizabeth McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Leslie R. Delauter (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary occlusion — Immediate

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF ~~INJURY~~ Death (Month) (Day) (Year) (Hour): Mar 10, '49 3:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: P. W. Bow (Degree or title) Deputy Medical Examiner — ADDRESS: Frederick, Maryland — DATE SIGNED: 7-11-49

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify): Burial
DATE THEREOF: 7-13-49
NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery
LOCATION (City, town, or county) (State): Near Frederick, Maryland

DATE REC'D BY LOCAL REG.: 11 July 1949
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 06810

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): Since 5/2/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2649 Edmondson Ave.

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) (Last) Pokorny

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1882

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austria

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Albert Pokorny

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: 217-05-3665

17. INFORMANT: Daughter, Mrs. Alice Bodlein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 yrs.

002
13b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. D. Lyon, M.D.

ADDRESS: State Sanatorium, Maryland

DATE SIGNED: 7/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 7/4/49

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 7/2/49

REGISTRAR'S SIGNATURE: D.D. Lyon

24. FUNERAL DIRECTOR: Witzke Funeral Home

ADDRESS: 4101 Edmondson Ave.

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JUL 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06811

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY Frederick · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick · LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Ice Street	STREET ADDRESS (If rural give location) 115 Ice Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAISY	NINA	POTTS	7	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	W	about 1892 Unknown	57 ? yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Jefferson, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Mrs. Joseph F. Stanton (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 **Immediate cause** (a) Gangrene - Septicaemia

61 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19 40, to 7-25-, 19 49, that I last saw the deceased alive on 7-25, 19 49, and that death occurred at 9:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Ulysses G. Browne Jr. M. D.	Frederick, Maryland	7-26-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-28-49	Fairview Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
28 July 1949	Elizabeth G. Heck.	M. R. Etchison & Son,	Frederick, Maryland

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1959
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06812

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 N. Bentz Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 10 N. Bentz Street

3. NAME OF DECEASED (Type or Print): (First) Pearl (Middle) B. (Last) Powell

4. DATE OF DEATH: (Month) July (Day) 24 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED.~~ (Specify): Widow

8. DATE OF BIRTH: Feb. 4-1920

9. AGE last birthday: 29 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Zeno Brightwell

14. MOTHER'S MAIDEN NAME: Mary Ellen Hargett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-4559

17. INFORMANT: Mrs. James Powell- Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Cardio Renal Vascular Disease — Interval Between Onset and Death: 4 yrs

322.1 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Glomerulonephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 1949 to 7-14, 1949 that I last saw the deceased alive on 7-14, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: U. G. Baumgardner — (Degree or title) Md — ADDRESS: Frederick — DATE SIGNED: 7-24-49

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial — DATE: July 27-1949 — NAME OF CEMETERY OR CREMATORY: Frederick Memorial Park — LOCATION (City, town, or county) (State): Frederick, Md. (West)

DATE REC'D BY LOCAL REG.: 26 July 1949 — REGISTRAR'S SIGNATURE: Elizabeth J. Heck

24. FUNERAL DIRECTOR — ADDRESS: C.E. Cline and Son- Frederick- Maryland

VS. A15

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JUL 27 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06813

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 10 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Delaney Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida; COUNTY; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Brooker (Rural); STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Oscar (Last) Rimes

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify) Widowed

8. DATE OF BIRTH: 11-3-1874

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Florida

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John M. Rimes

14. MOTHER'S MAIDEN NAME: Mattie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Claude V. Smith - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Artero Sclerosis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1949, to July 16, 1949, that I last saw the deceased alive on July 15, 1949, and that death occurred at 1:30a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B O Thomas M.D. ADDRESS Frederick, Md DATE SIGNED July 18-49

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial; DATE 7-18-1949; NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery; LOCATION (City, town, or county) (State) Frederick - Md.

DATE REC'D BY LOCAL REG. 18 July 1949; REGISTRAR'S SIGNATURE Elizabeth G. Keck.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline + Son - Frederick - Md.

RECEIVED
JUL 20 1949
BUREAU Y. F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06814

Reg. Dist. No. 138

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New London
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New London
STREET ADDRESS (If rural give location) R.D. Mt. Airy

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) D (Last) Roach

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 7-23-1872 | 9. AGE last birthday 77 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | 10b. KIND OF BUSINESS OR INDUSTRY Store | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Roach | 14. MOTHER'S MAIDEN NAME Maggie Mort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Minnie A. Roach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetic Melitic — Interval Between Onset and Death: 10 years

260 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Interval Between Onset and Death:

(c) Cholecystitis — Interval Between Onset and Death: 2 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ernest P. Roop M.D. ADDRESS New Market, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-30-1949 | NAME OF CEMETERY OR CREMATORY Sams Creek Brethren | LOCATION (City, town, or county) (State) Carroll Co. Md.

DATE REC'D BY LOCAL REG. 7/28/49 | REGISTRAR'S SIGNATURE Lucian R. Falconer | 24. FUNERAL DIRECTOR ADDRESS C. M. Waltz Winfield Md.

RECEIVED
AUG 8 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

06815

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick — LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET ADDRESS (If rural give location) 1601 West Fayette Street

3. NAME OF DECEASED (Type or Print)	(First) VIRGIE	(Middle) NAOMI	(Last) ROBERTS	4. DATE OF DEATH	(Month) 7	(Day) 1	(Year) 1949	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 10-8-04	9. AGE last birthday 44 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Frederick County Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Joseph Ambush			14. MOTHER'S MAIDEN NAME Agnes Barton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY No. ?	17. INFORMANT Herman Roberts					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Hypertensive Cardio Renal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease with complete Renal failure.

442 / 131a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 3, 1949, to July 1, 1949, that I last saw the deceased alive on July 1, 1949, and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard W. Ash.	M. D.	Frederick, Maryland	7-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-5-49	Fairview Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5 July 1949	Elizabeth Y. Heck.	M. R. Etchison & Son,	Frederick, Maryland

RECEIVED
JUL 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06816

CERTIFICATE OF DEATH

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) A. (Last) Roddy

4. DATE OF DEATH: (Month) July (Day) 13, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept 6, 1862

9. AGE last birthday: 86 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Roddy

14. MOTHER'S MAIDEN NAME: Hannah Rife.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Miss Adeline Roddy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremic Poisoning	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute urinary obstruction with retention	7 days
	(c) Hypertrophy, benign, of Prostate,	10 years

610

1370

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile mental deterioration — 10 years

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1949, to July 13, 1949, that I last saw the deceased alive on July 10, 1949, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE: James K. Gray (Degree or title) M.D. ADDRESS: Thurmont Md. DATE SIGNED: July 13-1949.

23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF: July 15. 1949 | NAME OF CEMETERY OR CREMATORY: St: Anthonys | LOCATION (City, town, or county) St: Anthonys (State) Md.

DATE REC'D BY LOCAL REG. July 15, 1949 | REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. S. Creager & Son. ADDRESS: Thurmont, Md.

RECEIVED
JUL 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

TN 06817

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Since 2/4/49 to present
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mayo
STREET ADDRESS (If rural give location): ✓

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Rogers

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated

8. DATE OF BIRTH: April 18, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Wilson Rogers

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Phipps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 219-03-6484

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 14 Mos.

131 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: T. D. Lyon (Degree or title) M.D. ADDRESS: State Sanatorium, Maryland DATE SIGNED: 7/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 7, 1949

NAME OF CEMETERY OR CREMATORY: Quaker Cem.

LOCATION (City, town, or county) (State): Galesville, Md.

DATE REC'D BY LOCAL REG.: 7/5/49

REGISTRAR'S SIGNATURE: T. D. Lyon

24. FUNERAL DIRECTOR ADDRESS: J. A. Hardesty & Son, Galesville Md.

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06818

CERTIFICATE OF DEATH

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Frederick
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clarence Emmert

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jamsville, Md.
STREET ADDRESS (If rural, give location) Rural Frederick

3. NAME OF DECEASED (Type or Print): (First) EMMERT O (Middle) RUDY (Last) Rudy

4. DATE OF DEATH: (Month) 7 (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 25 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Carpenter

11. BIRTHPLACE (State or foreign country): Middletown

12. CITIZEN OF WHAT COUNTRY? U.S. Fred Co.

13. FATHER'S NAME: Clarence Rudy

14. MOTHER'S MAIDEN NAME: Anna Shafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 212-12-2960

17. INFORMANT: Paul Rudy Middletown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver with generalized metastases — Interval between onset and death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 156 46 f 0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1949, to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Arthur F. Woodward (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED August 2, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF August 2-49 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) Middletown, Md (State)

DATE REC'D BY LOCAL REG. Aug 2-1949 — REGISTRAR'S SIGNATURE Lucian H. Falconer — 24. FUNERAL DIRECTOR Gladhill Co. — ADDRESS Middletown, Md.

Comment Clarence Hardy

RECEIVED
AUG 20 1949
BUREAU V. S.

06819

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary Francis (Middle) Schildknecht (Last)
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 9-3-1927
9. AGE last birthday 21 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Store
11. BIRTHPLACE (State or foreign country) Middletown
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Floyd Schildknecht
14. MOTHER'S MAIDEN NAME Anna Kinna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 220-26-5531
17. INFORMANT Anna Schildknecht

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 45 min.

754b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital Aneurysm (?)

157f

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) NR MIDDLETOWN (COUNTY) FREDERICK (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? NO INJURY

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles H. Conley Jr. (Degree or title) M.D. Asst. Dep. Med. Exam. ADDRESS Frederick, Maryland DATE SIGNED 7/31/49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-3-49
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) Middletown (State) Md
DATE REC'D BY LOCAL REG. Aug 2-49
REGISTRAR'S SIGNATURE Marie Gladhill
24. FUNERAL DIRECTOR Gladhill Co. ADDRESS Middletown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06820

CERTIFICATE OF DEATH

Reg. Dist. No. 147

1. PLACE OF DEATH
COUNTY Frederick
STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LOUISA (Middle) CATHERINE (Last) SCHNEIDER

4. DATE OF DEATH: (Month) JULY (Day) 21, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-24-1868

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Frederick Klein

14. MOTHER'S MAIDEN NAME: Mary Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Roy Schneider, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - — Interval between onset and death: May 7, 1949

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac Decompensation - Chr. — 6/- 48

(c) Cardio - Vascular Renal Disease — 1946

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 6, 1946, to July 21, 1949, that I last saw the deceased alive on July 20, 1949 and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE Stanley Grabill (Degree or title) M.D. ADDRESS Mt. Airy, Md. DATE SIGNED 7/21/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE 7-24-1949 — NAME OF CEMETERY OR CREMATORY: Locust Grove — LOCATION (City, town, or county) (State): Frederick Co,. Md.

DATE REC'D BY LOCAL REG. July 22, 1949 — REGISTRAR'S SIGNATURE Blanche A. Rinehart

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06821

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place): Since 7/11/49 to present
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1511 E. Lanvale ✓

3. NAME OF DECEASED (Type or Print): (First) Doris (Middle) (Last) Schwink

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Oct. 13, 1915

9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John George Schwink

14. MOTHER'S MAIDEN NAME: Ella Sevick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Patient

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — About 11 Mos.

Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to July 28, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: State Sanatorium, Maryland DATE SIGNED: 7/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/1/49 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 7/28/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Leo Cook, 1702 N. Patterson Pk. Ave. Baltimore, Maryland

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06822

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK-RURAL
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS EMERGENCY HOSPT

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN EMMITSBURG
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) GLADYS (Middle) (Last) SCOTT

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: BLACK

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH: JULY 22, 1901

9. AGE last birthday: 47 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): EMMITSBURG, MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN VANBRAKLE

14. MOTHER'S MAIDEN NAME: MAMIE CRAIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: M. Beachboard. Nurse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Polyneuritis — Weeks

581.0 Antecedent cause(s)

30g Diseases or conditions, if any, giving rise to the above cause stating tha underlying cause last

(b) Cirrhosis of the liver — Months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to tha death but not related to the disease or condition causing death. Syphilis — ? Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 July, 1949, to 21 July, 1949, that I last saw the deceased alive on 20 July, 1949, and that death occurred at 3.00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James B. Thomas, M.D. Frederick, Maryland 21 July 1949

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) BURIAL — DATE JULY 23, 1949 — NAME OF CEMETERY OR CREMATORY MT VIEW — LOCATION (City, town, or county) EMMITSBURG — (State) MD.

DATE REC'D BY LOCAL REG. 22 July 1949 — REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS S. L. Allison Emmitsburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06823

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Thurmont — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont - rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Gretchen (Middle) Gay (Last) Starbuck

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov. 22, 1948

9. AGE last birthday: yrs. | If under 1 year: Months 8 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland - Frdk.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Sam (Hawkey) Starbuck

14. MOTHER'S MAIDEN NAME: Grace Kelbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Sam Starbuck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure due to congenital Heart disease	9 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

7547 / 157e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Cystic kidney, rt. — 9 mos.

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1949, to July 29, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 2 P.i. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James K. Gray M.D. — ADDRESS: Thurmont Md. — DATE SIGNED: July 30-'49.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: July 30, 1949 | NAME OF CEMETERY OR CREMATORY: Blue Ridge | LOCATION (City, town, or county) (State): Thurmont Md.

DATE REC'D BY LOCAL REG.: July 30, 1949 | REGISTRAR'S SIGNATURE: Blanche S. Eyler

24. FUNERAL DIRECTOR: M. L. Creager & Son — ADDRESS: Thurmont Md.

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

16824

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural
LENGTH OF STAY (In this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick-Rural RFD#3
STREET ADDRESS (If rural give location) Yellow Springs

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) MAY (Last) STONE

4. DATE OF DEATH: (Month) 7 (Day) 22 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 3-3-65

9. AGE last birthday: 84 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Yellow Springs, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Engle

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Keefer V. Stone (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 week

331 83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1948, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bernard Thomas Jr. M. D. Frederick, Maryland 7-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 7-25-49

NAME OF CEMETERY OR CREMATORY: Brook Hill Cemetery

LOCATION (City, town, or county) (State): Yellow Springs, Maryland

DATE REC'D BY LOCAL REG. 25 July 1949

REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR: M. R. Etchison & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06825

CERTIFICATE OF DEATH

Reg. Dist. No. 13 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg; MARYLAND; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS West Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg Md Rt 2; STREET ADDRESS (If rural, give location) West Main St.

3. NAME OF DECEASED (Type or Print): (First) Marlon; (Middle); (Last) Stonesifer

4. DATE OF DEATH: (Month) July; (Day) 15; (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 17, 1866

9. AGE last birthday: 82 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Keysville Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Reuben Stonesifer

14. MOTHER'S MAIDEN NAME: Anna Zentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs Helen Meyers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 **Immediate cause** (a) Cerebral hemorrhage — Interval Between Onset and Death: 6 days

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) No

(c) arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Interstitial nephritis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-7-, 1949, to 7-15-, 1949, that I last saw the deceased alive on 7-15-, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE George H. Riggs (Degree or Title) MD ADDRESS Emmitsburg Md. DATE SIGNED July 16-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 7/17/49; NAME OF CEMETERY OR CREMATORY: Mt View Cem; LOCATION (City, town, or county): Emmitsburg, (State): Md.

DATE REC'D BY LOCAL REGISTRAR: July 15-1949; REGISTRAR'S SIGNATURE: M.F. Shaff

24. FUNERAL DIRECTOR: S. L. Allison; ADDRESS: Emmitsburg, Md.

VS. A15

RECEIVED
JUL 18 1919
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06826

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) DA; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital DA

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; ~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mount Airy--Rural RFD#2; STREET ADDRESS (If rural, give location) Near Prospect

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HOWARD	WILLIAM	STORM		7	8	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	S	10-13-44	4 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Frederick, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles M. Storm, Sr.	Lillian Virginia Tressler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Charles M. Storm, Sr. (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
830.1 Immediate cause	(a) Fracture of skull, multiple fractures of legs. Crushing injury to chest.	Immediate
175a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm	(CITY OR TOWN)	(COUNTY)	(STATE)
		Mt Airy Route 2.	Frederick	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒ XX	HOW DID INJURY OCCUR?
7	8	49	2:30P m.			accidentally run over By tractor driven by his father.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P. W. Baer · Deputy Med. Ex.		Frederick, Md.	7-8-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-12-49	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11 July 1949	Elizabeth S. Hoke.	M. R. Etchison & Son,	Frederick, Maryland

RECEIVED
JUL 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06827

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Ijamsville-Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Centerville

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Ijamsville-Rural
STREET ADDRESS (If rural give location) Centerville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	MARGUERITE	THOMPSON	7	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	M	8-16-14	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home		Frederick County Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Onley	Janie Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	None	George A. Thompson (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 **Immediate cause** (a) Cardiac, Chronic Nephritis

131.8 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb., 1948, to July 28th, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 9 P m, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ulysses G. Bourne Sr.	M. D.	Frederick, Maryland	7-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-31-49	Ebenezer Cemetery	Centerville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
30 July 1949	Elizabeth G. Heck	M. R. Etchison & Son,	Frederick, Maryland

RECEIVED
AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06828

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS King Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) King Avenue

3. NAME OF DECEASED (Type or Print) (First) DAVID (Middle) EDWARD (Last) TINNEY

4. DATE OF DEATH (Month) 7 (Day) 12 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH 5-6-76

9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick County Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME J. Patrick Tinney

14. MOTHER'S MAIDEN NAME Louisa Harwittle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ?

17. INFORMANT Mrs. Willie G. Tinney (widow)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary thrombosis — Interval between onset and death: 12 hrs

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 5 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1949, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE B D Thomas (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 7-13-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial

DATE THEREOF 7-15-49

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 14 July 1949

REGISTRAR'S SIGNATURE Elizabeth L. Keck.

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, ADDRESS Maryland

RECEIVED
JUL 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

TN 06829

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Monocacy R. near
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dickerson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Westminster
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Leroy (Last) Welk
4. DATE OF DEATH (Month) July (Day) 3 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 7-23-14
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Carroll Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Welk
14. MOTHER'S MAIDEN NAME Florence High
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-12-1975
17. INFORMANT Norman Welk, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.8 Immediate cause (a) Asphyxia by drowning

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Was fishing and fell overboard from boat

INTERVAL BETWEEN ONSET AND DEATH: sudden death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found in Potomac River - Montg Co - 1 mi above White Ferry

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Monocacy River (CITY OR TOWN) (COUNTY) Frederick (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) July 3 '49 5 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF July 7 1949 NAME OF CEMETERY OR CREMATORY Westminster Cem. LOCATION (City, town, or county) Westminster Md (State)

DATE REC'D BY LOCAL REG. 6 July 1949 REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR H. Bankard ADDRESS Sen Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 06830

Reg. Dist. No. 139

1. PLACE OF DEATH· COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Since 6/20/49 to present	LENGTH OF STAY (in this place)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS: State Sanatorium	STREET ADDRESS (If rural give location): 1312 Williams Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Worch			4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated	8. DATE OF BIRTH: Mar. 30, 1898	9. AGE last birthday: 51 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice Man	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Baltimore	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: George Worch			14. MOTHER'S MAIDEN NAME: Katie Meyers		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.: 219-12-5309	17. INFORMANT: Patient		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	4 Mos.
002 Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1949, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 11:35 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: State Sanatorium, Maryland DATE SIGNED: 7/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: July 28, 1949	NAME OF CEMETERY OR CREMATORY: Baltimore Cem.	LOCATION (City, town, or county) (State): E. North Ave, Baltimore Md.
DATE REC'D BY LOCAL REG.: 7/26/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: Frank H. Newell, Pikesville, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

P6831

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Adamstown-Rural RFD#1
STREET ADDRESS (If rural give location) Flint Hill

3. NAME OF DECEASED (Type or Print) (First) EXIE (Middle) ELLEN (Last) YINGLING

4. DATE OF DEATH (Month) 7 (Day) 29 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH 2-24-79

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Frederick County Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William J. Mobley

14. MOTHER'S MAIDEN NAME Virginia A. Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Vernon O. Yingling (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 Immediate cause	(a) Pulmonary Embolism	24 hrs.
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular Fibrillation	7 mos.
	(c) Arterio-sclerotic Cardio-vas. Renal Disease	3 yrs (?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 Jan, 1949, to 29 July, 1949, that I last saw the deceased alive on 29 July, 1949, and that death occurred at 7:50 P m., from the causes and on the date stated above.

SIGNATURE Charles L Coulby Jr (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 7-30-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial

DATE THEREOF 8-1-49

NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery

LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 1-Aug 1949

REGISTRAR'S SIGNATURE Elizabeth L. Heck.

24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, ADDRESS Maryland

RECEIVED
AUG 8 1949
BUREAU V. S.